

RUBY KAY BRASHER, EXECUTRIX
OF THE ESTATE OF DORTHY PAULINE CASTER, GRANTOR

TO

EXECUTRIX DEED

JOHN T. WILKINSON, III, GRANTEE

FOR AND IN CONSIDERATION of and in compliance with the devise given under the Last Will and Testament of Dorthy Pauline Caster, Deceased, whose estate is probated in Cause Number 08-10-2183, in the Chancery Court of DeSoto County, Mississippi, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, RUBY KAY BRASHER, EXECUTRIX OF THE ESTATE OF DORTHY PAULINE CASTER, DECEASED, hereby gives, conveys, and quitclaims unto the Grantee, JOHN T. WILKINSON, III, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 71, Hernando Hills, Phase 3, located in Section 6, Township 3, Range 7, City of Hernando, DeSoto County, Mississippi, as shown on recorded plat in Plat Book 34, Pages 12-13 in the Chancery Clerk's Office of DeSoto County, Mississippi.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. The warranty in this deed is subject to any prior conveyance or reservation of minerals of every kind and character, including but not limited to current or prior owners. No such reservation is made by Grantor herein however with this conveyance. Taxes for 2008 shall be paid by the Grantee. Possession is to be given upon delivery of this Deed.

By way of explanation this is the same property conveyed to B. Scott Caster and wife, Pauline P. Caster, on April 7, 1994, in Deed Book 269, Page 275, in the Office of the Chancery Clerk of DeSoto County, Mississippi. B. Scott Caster passed away on July 1, 2003, and as the tenant by the entirety, Pauline P. Caster, also known as

WBB

4

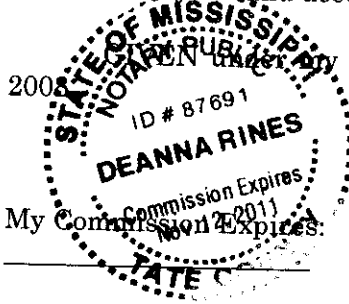
Dorthy Pauline Caster, became the sole owner of the property. Dorthy Pauline Caster passed away on September 12, 2008. Copies of both death certificates are attached to this Deed.

EXECUTED this the 5th day of November, 2008.

Ruby Kay Brasher
 RUBY KAY BRASHER,
 EXECUTRIX OF THE ESTATE
 OF DORTHY PAULINE CASTER,
 GRANTOR

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named RUBY KAY BRASHER, Executrix of the Estate of Dorthy Pauline Caster, Deceased, who acknowledged signing and delivering the above and foregoing Executrix Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

2008  My Commission Expires: 12/2/2011
 under my hand and official seal of office this the 5th day of November,

Deanna Rines
 NOTARY PUBLIC

GRANTOR'S ADDRESS: 1151 Crosswinds Drive, Hernando, MS 38632
 Home #: 662-429-3308 Bus #: n/a

GRANTEE'S ADDRESS: 100 North Main Building, Memphis, TN 38103
 Home #: n/a Bus #: 901-525-2701

Prepared by:
 Walker, Brown, Brown & Graves, P. A.
 P. O. Box 276
 Hernando, MS 38632
 (662) 429-5277
 (901) 521-9292

177jjw Executrix Deed, Caster

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 597 PG 293

TYPE OR PRINT
WITH BLACK INKFILING
DATE

JUL 23 2003

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123-03-014536

DECEASED

death occurred in
an institution, see
HANDBOOK, regarding
completion of
RESIDENCE items:or RESIDENCE items,
enter actual location
of home rather than
mailing address

1. NAME First Middle Last BOBBY SCOTT CASTER	2. SEX MALE	3a. HOUR OF DEATH 5:45A^m	3b. DATE OF DEATH (Month, Day, Year) JULY 1, 2003
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 72 Years	5b. MOS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) NOV. 19, 1930
7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) DESOTO HEALTHCARE CENTER	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	7a. COUNTY OF DEATH DESOTO
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary High School (0-12) 12	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) PAULINE FRAUSER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 431-50-3304	15a. USUAL OCCUPATION (Kind of work done most of working life) ADMINISTRATIVE ASST.	15b. KIND OF BUSINESS OR INDUSTRY SHELBY CO. SHERIFF
16a. RESIDENCE—STATE MS	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN	16d. INSIDE CITY LIMITS (Specify Yes or No) YES
		16e. STREET AND NUMBER OR RURAL LOCATION 7805 SOUTHCREST PKWY	

PARENTS

17. FATHER—NAME First Middle Last JOSEPH ROBERT CASTER	18. MOTHER—NAME First Middle Maiden ARMINTA SCOTT
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INFORMANT

19a. INFORMANT—NAME (Type or print) PAULINE P. CASTER	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 780 GREEN-T LAKE BLVD., HERNANDO, MS 38632
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY—NAME FOREST HILL MIDTOWN	20c. LOCATION (City and State) MEMPHIS, TN	21a. EMBALMER—SIGNATURE AND NUMBER ROY BLAYLOCK 3586
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD, MEMPHIS, TN 38115	

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) James Lewis, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON July 1, 2003	22c. PRONOUNCED DEAD (hour) AT 5:45A^m
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CERTIFIER

Mississippi State
Board of Health
Form No. 511
Revised 1-1-89

23a. CERTIFIER—NAME (Type or print) Jeffery Pounders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651
This section to be completed by physician if NOT a medical examiner 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: SIGNATURE Jeffery Pounders MD 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	This section to be completed by medical examiner ONLY 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated: SIGNATURE Jeffery Pounders 24f. TITLE Desoto CMEI 24g. DATE SIGNED (Month, Day, Year) July 7, 2003

CAUSE OF DEATH

Conditions: if any,
which gave rise to
immediate cause
stating the
underlying
cause last

25. PART I: DEATH CAUSED BY: (a) Chronic Obstructive Pulmonary Disease (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death
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Had Decedent
been Pregnant
Within 90 Days
Prior to Death?☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUG - 8 2003

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH BK 597 PG 294
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE

SEP 16 2008

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE
NUMBER

123-

08-019054

DECEASED

1. NAME First Middle Last DOROTHY PAULINE PRAUSER OASTER	2. SEX FEMALE	3a. HOUR OF DEATH 2:00 pm	3b. DATE OF DEATH (Month, Day, Year) SEPTEMBER 12, 2008
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 82 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) DEC. 18, 1925
7a. COUNTY OF DEATH DESO TO	7b. CITY OR TOWN OF DEATH HERNANDO	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 780 GREEN T LAKE WEST	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA DOA
8. DECEASED'S EDUCATION (Specify only highest grade completed) (0-12) 12 (14, 5+)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 413-34-8328	15a. USUAL OCCUPATION (Kind of work done) CLERICAL	15b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD
16a. RESIDENCE-STATE MS	16b. COUNTY DESO TO	16c. CITY OR TOWN HERNANDO	16d. INSIDE CITY LIMITS (Specify Yes or No) YES
16e. STREET AND NUMBER OR RURAL LOCATION 780 GREEN T LAKE WEST			

PARENTS

17. FATHER-NAME First Middle Last CLEMMONS A. PRAUSER	18. MOTHER-NAME First Middle Maiden ALBERTA HUDSON
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INFORMANT

19a. INFORMANT-NAME (Type or print) KAY BRASHER	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1151 CROSSWINDS DRIVE, HERNANDO, MS 38632
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY-NAME FOREST HILL MIDTOWN	20c. LOCATION (City and State) MEMPHIS, TN	21a. EMBALMER-SIGNATURE AND NUMBER EMBALMED IN TENNESSEE
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH F. H. 920 TN	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 EAST HOLMES ROAD, MEMPHIS, TN 38118		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Bill Baldwin, DCMEI	22b. PRONOUNCED DEAD (Month, Day, Year) Sept 12, 2008	22c. PRONOUNCED DEAD (Hour) AT 6:30 a.m.
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) Jeffery Pouders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pouders Rd, Nesbit, MS 38651
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Mississippi State Board of Health

Form No. 511

Revised 1-1-85

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE DeSoto Co. coroner 24g. DATE SIGNED (Month, Day, Year) September 16, 2008
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CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) arteriosclerotic cardiovascular disease (b) alzheimers disease (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death	Interval between onset and death
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Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?

Yes No

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) no	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) yes
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY (Month, Day, Year) 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State	

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OCT-2 2008

Judy Moulder
STATE REGISTRAR

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